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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number D5422

First Named Inventor Joseph A. Bell

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Circuit For Adapting A Receptacle Socket In A Towing Vehicle For Diverse Trailer Circuits

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


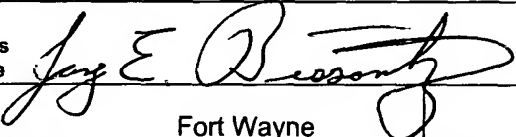
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		30410		OR <input type="checkbox"/>		Correspondence address below	
Name Jeffrey P. Calfa, International Truck Intellectual Property Company, LLC									
Address 4201 Winfield Road, P.O. Box 1488									
City Warrenville				State Illinois		ZIP 60555			
Country USA			Telephone 630-753-3023			Fax 630-753-3982			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) Joseph A.				Family Name or Surname Bell					
Inventor's Signature 						Date 8/11/03			
Residence: City Markle			State IN		Country United States		Citizenship United States		
Mailing Address 310 N. High Street									
City Markle			State IN		ZIP 46770-0550		Country United States		
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) Jay E.				Family Name or Surname Bissontz					
Inventor's Signature 						Date 8-18-2003			
Residence: City Fort Wayne			State IN		Country United States		Citizenship United States		
Mailing Address 829 Woodland Springs Place									
City Fort Wayne			State IN		ZIP 46825		Country United States		
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

Please type a plus sign (+) inside this box → +

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Joseph A. Bell
Group Art Unit	
Examiner Name	
Attorney Docket Number	D5422

I hereby appoint:

☒ Practitioners at Customer Number

30410

Place Customer
Number Bar Code
Label here

☐ Practitioner(s) named below:

Name	Registration Number
Dennis K. Sullivan	26,510
Jeffrey P. Calfa	37,105
Neil T. Powell	45,020
Susan L. Lukasik	35,261

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Joseph A. Bell

Signature

Date

11 Aug 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

Please type a plus sign (+) inside this box → +

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I am the:

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SIGNATURE of Applicant or Assignee of Record

Name

Jay E. Bissontz

Signature

Date

8-18-2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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